



MISSOURI DEPARTMENT OF LABOR
AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY
QUARTERLY CLIENT LIST

LES _____ ID _____

Lessor Employing Unit Name	Lessor Employing Unit Contact Person
Lessor Employing Unit Account Number	Lessor Employing Unit Telephone Number
Financially Guarantee Payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed or Reviewed

Client's Federal ID Number, Legal Name & Mailing Address	Client's Nature of Business	Client's Address of Physical Worksite(s)	Client's Name & Telephone Number of Contact Person	Agreement Dates
				Effective
				Ceased
				If ceased, is client still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Effective
				Ceased
				If ceased, is client still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Effective
				Ceased
				If ceased, is client still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Effective
				Ceased
				If ceased, is client still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No

Missouri Regulation 8 CSR 10-4.160 requires this form be submitted each quarter.

FAX OR MAIL TO: DIVISION OF EMPLOYMENT SECURITY, PO BOX 59, JEFFERSON CITY, MO 65104-0059 – FAX # 573-751-7483

PLEASE ATTACH CONTRACT FOR NEW CLIENT.

Attach additional pages, if necessary

MODES-4282 (3-00) AI

Cont.